Los Angeles County + University of Southern California Healthcare Network Confidential proctoring for Provisional Appointment

PATHOLOGY

OBSERVED	STAFF MEMBER:					, MD
APPONTMENT DATE:				_ DIVISION		
PROCTOR:						
LENGTH OF TIME PROCTORED: FROM				7	TO	
	F CASES REVIEWED:					
Case # 1						
				Yes	No	Needs Improvement
Competence Competence	in assigned duties in Interpretation in Consultation pervision Capability					
Case # 2	MRUN#		_ Date:	Yes	No	Needs
Competence Competence	n assigned duties in Interpretation in Consultation pervision Capability					Improvement
Case # 3	MRUN#		_ Date:		_	
				Yes	No	Needs Improvement
Competence Competence	n assigned duties in Interpretation in Consultation pervision Capability					
Case # 4	MRUN#		_ Date:	Yes	– No	Needs
Competence	in assigned duties					Improvement

Technical Supervision Capability					
Case # 5	MRUN#	Date:	Yes	– No	Needs
Competence i	n assigned duties n Interpretation n Consultation pervision Capability		103	110	Improvement
Case # 6	MRUN#	Date:	Yes	_ No	Needs Improvement
Competence i	n assigned duties n Interpretation n Consultation pervision Capability				Improvement
Dr	has completed proctor	ing and is considere	d competent	in	Specialty area
COMMENTS:					

Signature of Proctor

Date

Competence in Interpretation Competence in Consultation

Signature, Service Chief

CONFIDENTIAL - DO NOT COPY - Please send the completed form to Dr. Clive Taylor's Office.

Date

DEPT. OF PATHOLOGY

Peer Review Worksheet

Date:			
Division/Unit:	:		
Mechanism of	Current Review:		
	_ A. Routine peer review process (as su	ubmitted to PRC)	
	B. Inquiry from clinical Staff (other t	hen routine conference)	
	_C. Other		
Patient Name:		PF:	
Case # :			
Pathologist of 1	Record:	M.D./Ph/D.	
Review: 1 Report Info	ormation: Adequate/Inadequate		
	s: Timely/Late/Tardy		
3. Diagnosis:	Agreement/Minor Disagreement		
Major Disagree	eement:		
Daviassan		M D /Db D	

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DEPT. OF PATHOLOGY

Peer Review Worksheet

Date:					
Unit:					
Pathologist	M.D./Ph.D.				
Period: Quarter 1 st 2 nd 3 rd 4 th					
Number of Evaluations:					
Number of Total Reports:					
Performance: Adequate/Improvement Needed/Inac	dequate				
				<u></u>	
Remediation:					
Evaluation Element	Excellent	Good	≀air	Poor	Jnknown
A. Patient Care and Clinical Judgment					
B. Medical Knowledge					
C. Practice-based Learning and Teaching Skills					
D. Interpersonal and Communication Skills					
E. Professionalism					
F. Systems-base Practice / Use of resources					
Proctoring Physician's Signature	_		1	Date	
	_				
Department Chairpersons Signature				Date	